

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-05-31

**DATE:** June 9, 2005

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Promising Practices to Support the Intake of Nursing Home Complaints

**Letter Summary**

This memorandum provides information to support State Survey Agencies during the intake of complaint allegations about the care and services provided to nursing homes residents.

State Survey Agencies (SAs) and the Centers for Medicare & Medicaid Services (CMS) recognize that effectively managing complaints is essential to assuring the health, safety, and welfare of nursing homes residents. Through our continuing work with the SAs, the SAs have shared with us different approaches in how they collect information during the intake of nursing homes complaints. We thank those SAs that continue to participate with CMS in improving the management of complaints. The attached information reflects the collaborative efforts of SAs and CMS. We wish to share this information with all SAs with the intention that this information could assist other SAs, especially those with new intake staff. SAs are not required to use the attached.

Although this information is structured to support the intake of nursing home complaints, some SAs may consider this information useful for the intake of complaints in other Medicare and Medicaid provider settings. We hope that you will find the attached information helpful.

/s/

Thomas E. Hamilton

Attachments

Attachment 1 - Questions to Support the Intake Process for Nursing Home Complaint Allegations

Attachment 2 - Prioritizing Nursing Home Complaint Allegations

Attachment 3 – ACTS Priority Assignment – Complaint Intakes

cc: Survey and Certification Regional Office Management (G-5)

## Questions to Support the Intake Process for Nursing Home Complaint Allegations

State Survey Agency (SA) staff members, who are responsible for the intake of nursing home complaints, perform a vital function to protect the health, safety and welfare of residents. The following questions are an aid to support intake staff in collecting as much information as possible when discussing concerns about the care and services in nursing homes with complainants (third party reporters). These questions illustrate the types of information that are useful to collect during the intake process. Depending on the specific nature of the complaint, some questions would not be relevant and in some instances additional questions would be asked.

### **Information about the complainant (e.g., name, address, telephone, etc.) so that the complainant may be contacted in the future:**

- Verify the correct spelling of the complainant's name.
- What is the best way to contact you? (Phone-time, e-mail, regular mail) Ask pertinent questions about address/phone/e-mail.
- Would you like to remain anonymous and anonymous to whom?
- Would you permit us to send the information you provide us to any other agency that investigates complaints?

### **Information about the name of the nursing home and information about other courses of action the complainant may have initiated such as, discussing the concern with the nursing home or other entities:**

- What is the name of the nursing home and where is it located?
- Did you speak to anyone at the nursing home about this concern? Who? When? What was their response?
- Is there anyone else we should talk with about your concerns (staff, family members, friends, and other witnesses)?
- Did you contact anyone else about your concerns (e.g., police, ombudsman, etc.)? If yes, do you know what actions they may have taken?

### **Information about the resident(s) involved to identify the resident's vulnerabilities, assure that the resident is being protected, and facilitate possible observations/interviews during a survey:**

- What is the name of the resident you are calling about?
- How are you related to this person (friend, family, caregiver, etc.)?
- Is the resident still in the facility?

*To identify potential vulnerabilities of the resident-*

- Is this resident in a wheelchair?
- Does this resident get out of bed?
- Does the resident need any special accommodations?

*To identify whether the resident's health/safety is being protected-*

- Was the resident hurt?
- Is the person you believe may have hurt the resident still working in the nursing home?
- Do you think he/she is afraid of being hurt?
- Since this situation occurred, have you noticed anything different about the resident? If yes, ask the complainant to explain.
- Did the resident have to go to the hospital?
- Do you know if any other residents have had the same problem or similar injuries?

**Information about the allegation (e.g., abuse, neglect, dietary, nursing services, etc.) to learn about what allegedly occurred in the facility:**

- Please describe what happened and what are your concerns.
- Were other people in the facility involved? What are their names?
- When (date and time) did the event or situation occur?
- Where did the situation occur (unit, room number, etc?)
- How frequently has this situation occurred before?
- Is the situation still occurring or happening?
- How did you become aware of the situation?
- Were you present when it happened or did you learn about it from someone else?
- If you heard about it from someone else, with whom did you speak? Does this person live or work in the facility?

**If a death of a resident occurred, information to identify potential problems in nursing home care or services:**

- What is your relationship to the deceased?
- When did the resident die?
- What was the cause of death?
- What was the resident's medical condition at the time of death?
- Did the resident have a terminal condition, such as cancer?
- Was the resident receiving hospice care?
- Are you aware of any changes in the resident's medication?
- How long had the resident lived at the nursing home?
- Are you aware of any uncharacteristic events or unusual occurrences that immediately preceded the death of the resident?

**Is there any other information that you think would be helpful for us to know?**

## **Prioritizing Nursing Home Complaint Allegations**

*(This information is provided to assist in the prioritization of complaint intakes. Each situation is unique and this tool should be used accordingly.)*

### **Immediate Jeopardy (IJ)**

A situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.

### **Non-Immediate Jeopardy - High**

A situation in which a provider's or supplier's alleged noncompliance with one or more requirements may have caused harm that negatively impacts the individual's mental, physical and/or psychosocial status and is of such consequence to the person's well being that a rapid response by the SA is indicated.

### **Non-Immediate Jeopardy - Medium**

A situation in which a provider's or supplier's alleged noncompliance with one or more requirements or conditions has caused or may cause harm that is of limited consequence and does not significantly impair the individual's mental, physical and/or psychosocial status to function.

### **Non-Immediate Jeopardy - Low**

A situation in which a provider's or supplier's alleged noncompliance with one or more requirements or conditions may have caused physical, mental and/or psychosocial discomfort that does not constitute injury or damage.

## **Using The Information Gathered During the Intake Process, Consider the Following:**

### Harm Level

- Has harm or injury occurred?
- Is harm/injury serious requiring immediate corrective action?
- Has harm/injury impaired resident's function?
- Is there potential for harm that could impair the resident's functioning?
- Has resident experienced discomfort?

### Quality and Completeness of the Information Provided

- How much first hand knowledge does complainant/reporter have about the situation? Is information hearsay? Is complainant/reporter able to provide details about situation? Is there someone who can provide first hand knowledge of the situation?
- Does the complainant/reporter provide comprehensive and specific or vague and general information?
- What is pattern of complaints for complainant/reporter? Is there pertinent information related to the intake?

### Time Frame of Allegation

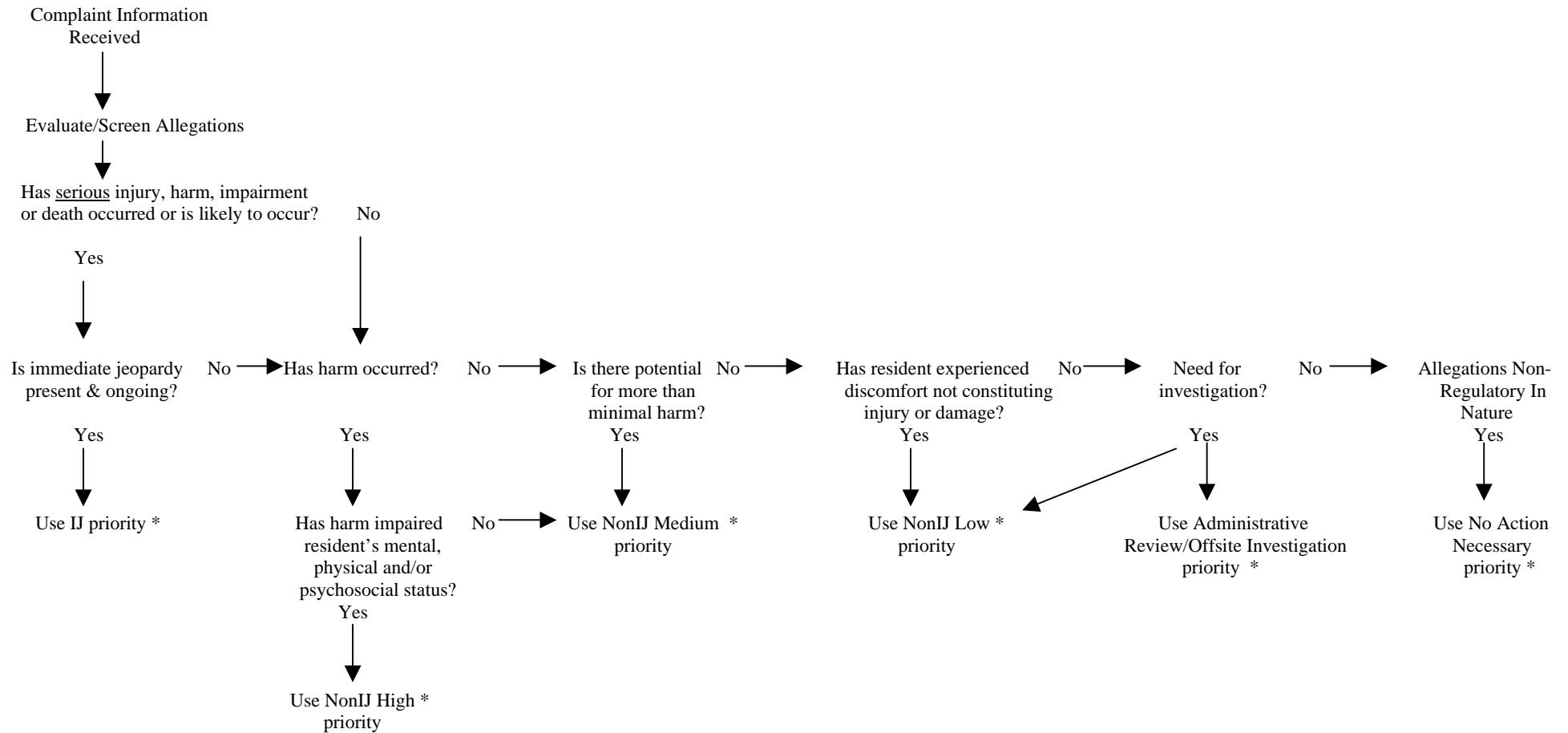
- When did the allegation occur?
- When was the facility surveyed in relation to the allegation?
- Was the allegation cited during the survey?
- Was the named resident in the allegation a part of the sample during the survey?
- Have there been past complaints or reported incidents investigated involving the allegation?

### Other Information That May Be Considered

- Are there other outstanding complaints and/or reported incidents regarding the same concern? Is there a pattern of complaints and/or reported incidents regarding issue?
- What does Minimum Data Set information indicate for the named resident?
- If related to a complaint, has facility reported information regarding allegation?
- Have other reports regarding issue been provided-police reports, social services reports, ombudsman reports, death certificates, hospital records and autopsies?

## ACTS PRIORITY ASSIGNMENT- COMPLAINT INTAKES

*(This information is provided to assist in the prioritization of complaint intakes. Each situation is unique and this tool should be used accordingly.)*



\*Referral priorities may be used for any intakes per individual state policies